



City of San José

Waiver Request to Purchase Bottled Water

Department: _____ Division: _____

Contact Name: _____ Contact Phone: _____

☐ One-time waiver

Event Date: _____ Event Location: _____

Event Details: # of attendees _____ Name of Group: _____

☐ Permanent Waiver

The following must be completed for one-time and permanent waiver requests.

Check one of the reasons for requesting the waiver and provide the appropriate information:

☐ No potable water available for drinking or washing.

☐ Tap water not appropriate for this event. State reasons: _____

☐ Other. Describe circumstances: _____

Signature of Requestor

Date

☐ Request Approved

☐ Request Denied

Conditions of Approved Waiver (if applicable):

Department Director

Date

Department: File Waiver Requests in central departmental file and email decision to requestor.